ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	D-3		02·14·01
FEE DETERMINATION		19 3701	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HB	JZ-916	03·30·01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim		Date
Final	Original	
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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